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Bib Data Sheet

CONFIRMATION NO. 8927

SERIAL NUMBER 10/698,113	FILING DATE 10/31/2003  RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO.
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* n/a mem

\*\* FOREIGN APPLICATIONS \*\*\*\*\* n/a mem

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\*\* 02/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Neelam &amp; Neelam</i> Initials: <i>MEM</i>				

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## TITLE

Dental scaler system and method

FILING FEE  RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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